## P0500013/56

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## **COVER LETTER**

TO: Amendment Section **Division of Corporations** 

NAME OF CORPORA	TION: LASE!	RDER M	MEDSPA INC	
DOCUMENT NUMBE	r: <u>P 05 (</u>	2000 13	156	
The enclosed Articles of	Amendment and fee are su	ibmitted for filing.		
Please return all correspo	ondence concerning this ma	tter to the following:		
	BOBER ASERDER 546-656 HONORC BB 841	Name of Contact Perso  HED  Firm/ Company  HANAC  Address  City/ State and Zip Cod	SPA INC dale Beach Blud on FL 33009.	
For further information of	E-mail address: (to be us oncerning this matter, pleas	sed for future annual report	notification)	
	One of the control of	c can.		
Name of C	Contact Person	at (786 Area Co	ode & Daytime Telephone Number	
Enclosed is a check for th	e following amount made	payable to the Florida Depa	artment of State:	
□K\$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address  Amendment Section  Division of Corporations  Clifton Building  2661 Executive Center Circle		

Tallahassee, FL 32301

Ī	Articles of Ame	nument		
t j	to			
	Articles of Incor	poration		
	of			
LASERS	DERM	MEDSP	MI A	<i>C</i> ,
(Name of Corporation as current	ly filed with the Flor	ida Dept. of State)		
P~ <	***	2150		
100	$0000^{-1}$	<u> </u>		
(Document Numbe	r of Corporation (if k	nown)		
Pursuant to the provisions of section 607.1006, Floits Articles of Incorporation:	orida Statutes, this <i>Fla</i>	orida Profit Corporation add	opts the following	g amendment(s) to
A. If amending name, enter the new name of the	e corporation:			
				The new
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation "C word "chartered," "professional association," or B. Enter new principal office address, if applica (Principal office address MUST BE A STREET A	orp," "Inc," or "Co the abbreviation "P.A bble:	". A professional corporat		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE				
D. If amending the registered agent and/or registered agent and/or the new register		in Florida, enter the name	e of the	
Name of New Registered Agent				
	(Florida street	address)		
New Registered Office Address:		. Florida		
wew negistered Office Address.	(City)	, riorida_	(Zip Code)	
	10.00		,_,,	

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: <u>X</u> Change	PT John	<u>Doe</u>				
X Remove	<u>V</u> <u>Mike</u>	Jones				
X Add	SV Sally	Smith				
Type of Action (Check One)	Title	<u>Name</u>		<u>Addres</u> s		
Change Add Remove	<u>P</u>	BOCERT	BABANT	GLGESGE Hallantale 	Hellandale (	3ch Olik
2) Change Add		EVAHHABIA	BAGANI	646-656 E	Hollandle ( Bich FL	schBlkd
Remove  Change Add Remove	<u> </u>	SOSE C	<i>IMADA</i>	646.656 Hallanda	E Hellandol E Hellandol	allato c
4) Change Add Remove						
5) Change Add Remove						
. Change Add Remove	· ————		<del></del>			

f amending or adding additional Artic attach additional sheets, if necessary).	(Be specific)
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	· · · · · · · · · · · · · · · · · · ·
an amendment provides for an exchapovisions for implementing the amen (if not applicable, indicate N/A)	ange, reclassification, or cancellation of issued shares, idment if not contained in the amendment itself:
	· · · · · · · · · · · · · · · · · · ·

The date of each amendment(s) ad	lontion:	2/22	112
Effective date <u>if applicable</u> :	•		
	(no mo	re than 90 days after	amendment file date)
Adoption of Amendment(s)	(CHECK O	<u>NE</u> )	
The amendment(s) was/were ado by the shareholders was/were sufficient	pted by the sharehold flicient for approval.	ders. The number of	votes cast for the amendment(s)
☐ The amendment(s) was/were app must be separately provided for	roved by the shareho each voting group er	olders through voting partitled to vote separat	groups. The following statement ely on the amendment(s):
"The number of votes cast	for the amendment(s)	) was/were sufficient	for approval
by	(voting group		·**
	(voting group	p)	
The amendment(s) was/were ado action was not required.  The amendment(s) was/were ado action was not required.			
DatedSignature	23-22 1/1 11	2012.	
(By a di selected		- if in the hands of a iduciary)	tors or officers have not been receiver, trustee, or other court
· .	Hoser	+ Das	
	(Typed or	printed name of pers	on signing)
_	<u> </u>	resident	
	(Title o	of person signing)	